

<i>SERFF Tracking Number:</i>	<i>MGCC-126795395</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46672</i>
<i>Company Tracking Number:</i>	<i>AE CH-26055-IP 5/07 (06/10)</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>2010 CANCER AE</i>		
<i>Project Name/Number:</i>	<i>2010 CANCER AE /2010 CANCER AE</i>		

## Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: 2010 CANCER AE

SERFF Tr Num: MGCC-126795395 State: Arkansas

TOI: H07I Individual Health - Specified Disease - Limited Benefit

SERFF Status: Closed-Approved- Closed  
State Tr Num: 46672

Sub-TOI: H07I.002A Dread Disease - Cancer Only

Co Tr Num: AE CH-26055-IP 5/07 (06/10) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Courtney Sharp, Kim Perkins

Disposition Date: 09/03/2010

Date Submitted: 08/31/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 CANCER AE

Status of Filing in Domicile: Authorized

Project Number: 2010 CANCER AE

Date Approved in Domicile: 06/17/2010

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/03/2010

Explanation for Other Group Market Type:

State Status Changed: 09/03/2010

Deemer Date:

Created By: Courtney Sharp

Submitted By: Courtney Sharp

Corresponding Filing Tracking Number:

Filing Description:

Please refer to the Cover Letter, located under the Supporting Documentation Section.

## Company and Contact

### Filing Contact Information

Courtney Andre, Compliance Technician

courtney.andre@healthmarkets.com

SERFF Tracking Number: MGCC-126795395 State: Arkansas  
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 46672  
Company Tracking Number: AE CH-26055-IP 5/07 (06/10)  
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only  
Limited Benefit  
Product Name: 2010 CANCER AE  
Project Name/Number: 2010 CANCER AE /2010 CANCER AE

9151 Boulevard 26 817-255-5649 [Phone]  
North Richland Hills, TX 76180 817-255-8155 [FAX]

### Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma  
9151 Boulevard 26 Group Code: 264 Company Type: Health  
North Richland Hills, TX 76180 Group Name: State ID Number:  
(817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 50.00 per endorsement  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$50.00	08/31/2010	39147578

SERFF Tracking Number:	MGCC-126795395	State:	Arkansas
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TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	2010 CANCER AE		
Project Name/Number:	2010 CANCER AE /2010 CANCER AE		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/03/2010	09/03/2010

<i>SERFF Tracking Number:</i>	<i>MGCC-126795395</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AE CH-26055-IP 5/07 (06/10)</i>		
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<i>Project Name/Number:</i>	<i>2010 CANCER AE /2010 CANCER AE</i>		

## Disposition

Disposition Date: 09/03/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MGCC-126795395</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>2010 CANCER AE</i>		
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Amendatory Endorsement	Approved-Closed	Yes

SERFF Tracking Number: MGCC-126795395 State: Arkansas

Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 46672

Company Tracking Number: AE CH-26055-IP 5/07 (06/10)

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: 2010 CANCER AE

Project Name/Number: 2010 CANCER AE /2010 CANCER AE

## Form Schedule

**Lead Form Number: AE CH-26055-IP 5/07 (06/10)**

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/03/2010	AE CH-26055-IP 5/07 (06/10)	Policy/Cont Amendatory ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.300	AE CH-26055-IP 507_0610_.pdf

# THE CHESAPEAKE LIFE INSURANCE COMPANY

A Stock Company  
(Hereinafter called: the Company, We, Our or Us)  
Home Office: Oklahoma City, Oklahoma  
Administrative Office: P.O. Box 982010  
North Richland Hills, Texas 76182-8010  
Customer Service: 1-800-733-1110

## AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy to which it is attached and is subject to all the provisions of the Policy which are not inconsistent with this endorsement.

1. The last sentence under the **RENEWABILITY** provision is hereby revised to the following:

The premium for this Policy is based on the issue age of the Insured Person at the time in which this Policy becomes effective.

2. The following definition is hereby deleted in its entirety under the **DEFINITIONS** section:

**Attained Age** means the Insured Person's age on the most recent annual anniversary of this Policy.

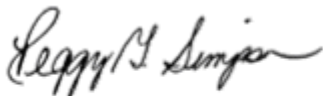
3. The last sentence of the first paragraph under the **Premium Changes** provision under the **PREMIUMS** section is hereby revised to the following:

The premium for this Policy is based on the issue age of the Insured Person at the time in which this Policy becomes effective.

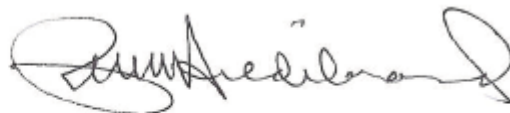
The provisions of this Amendatory Endorsement are effective on the Policy Date, the Insured Person's Effective Date of Coverage, or the date stated herein, whichever is later.

In Witness whereof, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

Signed for The Chesapeake Life Insurance Company at North Richland Hills, Texas.



SECRETARY



PRESIDENT

<i>SERFF Tracking Number:</i>	<i>MGCC-126795395</i>	<i>State:</i>	<i>Arkansas</i>
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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	09/03/2010
<b>Comments:</b>			
<b>Attachments:</b>			
Cert Compl Rule-Reg19 -AR.pdf			
Cert Compliance AR-Readability.pdf			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Approved-Closed	09/03/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	09/03/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	09/03/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	09/03/2010
<b>Comments:</b>			
<b>Attachment:</b>			



<i>SERFF Tracking Number:</i>	<i>MGCC-126795395</i>	<i>State:</i>	<i>Arkansas</i>
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**LTR CLICO Cancer AE [issue age].pdf**

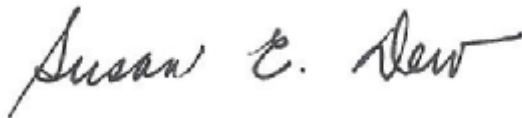
**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: The Chesapeake Life Insurance Company

Form Number(s):

AE CH-26055-IP 5/07 (06/10)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



\_\_\_\_\_  
Signature of Company Officer

Susan Dew

\_\_\_\_\_  
Name

Senior Vice President, Associate General Counsel and Chief Compliance Officer

\_\_\_\_\_  
Title

August 31, 2010

\_\_\_\_\_  
Date

## Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

**Form Numbers and Form Names:**

AE CH-26055-IP 5/07 (06/10)

Amendatory Endorsement

**Flesch Reading Score:**

50.3



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Susan Dew, Senior Vice President, Associate General Counsel and Chief Compliance Officer

August 31, 2010

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Date



**The Chesapeake  
Life Insurance Company**  
Home Office: Oklahoma City, OK

9151 Boulevard 26  
North Richland Hills, TX 76180

August 31, 2010

Commissioner Jay Bradford  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

**Re: The Chesapeake Life Insurance Company**

**NAIC#: 264-61832**

**FEIN#: 52-0676509**

**Form Numbers**

AE CH-26055-IP 5/07 (06/10)

**Form Description**

Amendatory Endorsement

Dear Commissioner Bradford:

The above referenced form is submitted for your review and approval. This form is new and is intended to replace Amendatory Endorsement AE CH-26055-IP 5/07 (06/10) AR approved by your Department on 07/07/2010, under Serff Tracking # MGCC-126673667. You have our assurance that the previously approved form has not/will not be used.

The enclosed Amendatory Endorsement is intended to revise the following Cancer Benefit Policy that was approved by your state as indicated below:

POLICY FORM NUMBER	SERFF NUMBER	DISPOSITION DATE
CH-26055-IP (5/07) AR	MGCC-125182595	07/12/2007

This Amendatory Endorsement is intended to accompany the following Actuarial Rates/Memoranda that were approved by your state as indicated below:

POLICY FORM NUMBER RATES ATTACH TO	SERFF NUMBER	DISPOSITION DATE
CH-26055-IP (5/07) AR	MGCA-126662408	06/07/2010

To the best of our knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules, and regulations of your state. Additionally, as required by your state, all required Certifications and/or Transmittal Forms.

Thank you for your assistance with this filing; we appreciate the opportunity. Should you have any questions regarding this submission, or if anything further is needed to expedite your review and approval, please do not hesitate to call me collect at (817) 255-5649.

Respectfully,

**Courtney Sharp**  
**Compliance Analyst II, Product Compliance**  
**Corporate Compliance**

9151 Boulevard 26 • North Richland Hills • TX 76180  
P (817) 255-5649 • F (817) 255-8153  
Courtney.Sharp@HealthMarkets.com